Evidence for change of birth date is on: Baltimore

FILM No. G 123 JAN 17 1950

00901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Moses (Middle) (Last) BLAKE
4. DATE OF DEATH: (Month) January (Day) 4 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1888
9. AGE last birthday: 61 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Nannie Blake (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal Bronchopneumonia — 3 days

462.1 Antecedent cause(s) (b) Gastrointestinal Hemorrhage — 7 days

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Esophageal Varices

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus; Cellulitis left knee — 3 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1949, to Jan. 4, 1950, that I last saw the deceased alive on Jan. 3, 1950, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David Gilmore M.D. ADDRESS: Salisbury Md. DATE SIGNED: Jan. 4, 1950

23. BURIAL, CREMATION REMOVAL (Specify): 1-7-50
DATE: 1-6-50
NAME OF CEMETERY OR CREMATORY: Stockton Cemetery
LOCATION (City, town, or county) (State): Stockton Md.
DATE REC'D BY LOCAL REG.: 1-4-50
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Irvin Bennett — ADDRESS: Stockton, Md.

260

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
JAN 6 1950
BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00902

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.D. #
LENGTH OF STAY (in this place): 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wango Maryland R.D. Sal.
STREET ADDRESS (If rural, give location): Parsonsburg Md. R.D. # I

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margret	Jane	Bradford	Jan.	23	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	Dec 23, 1919	30 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Work	Labor	Near Pittsville Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr. John H. Bradford	Miss. Bertha L. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. J. Walter Bradford (Brother)

18. MEDICAL CERTIFICATION Berlin Md. R.D. #3

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myelogenous Leukemia — 2 mos

204.1 Antecedent cause(s)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 20, 1949, to Jan. 23, 1950, that I last saw the deceased alive on Jan. 22, 1950, and that death occurred at 7:00 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold Gilmore M.D.	Salisbury Md	Jan. 24 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 26th 50	Riverside Cemetery	Worcester Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-26-50	Mary B. Holloway	Hillman & Co. Salisbury Md Walter R. Holloway	8660

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 30 1950
BUREAU V. S.

Dr. Grames

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06903

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAlisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1017 E. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 1017 E. Church St.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Lee (Last) Bradford

4. DATE OF DEATH: (Month) Jan. (Day) 7 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 13-1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months 8, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Newark Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Handy Bradford

14. MOTHER'S MAIDEN NAME: MIss Rachel E. Ann Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Effie L. Bradford (wife) 1017 E. Church St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 72 Hrs

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to 1/7, 1950, that I last saw the deceased alive on 1/7, 1950, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

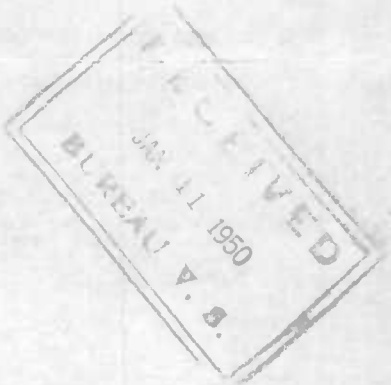
Fred R Bramer M.D. Salisbury, Md 1/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 11- 50 | NAME OF CEMETERY OR CREMATORY: ASBURY CHURCH CEMETARY | LOCATION (City, town, or county) (State): Near Georgetown Delaware

DATE REC'D BY LOCAL REG. 1-9-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & COmpany | ADDRESS: Salisbury

OCCUP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JAN 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06904

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; CITY OR TOWN Salisbury; STATE MARYLAND; LENGTH OF STAY (in this place) 5 WKS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Brooklyn Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN Salisbury; STREET ADDRESS (If rural, give location) Delmar Rd. Route #3

3. NAME OF DECEASED (Type or Print): (First) Louisa (Middle) Ada (Last) Brown

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 8, 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alisha S. Hearn

14. MOTHER'S MAIDEN NAME: Melissa C. White.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Ennest E. Brown Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Haemorrhage.

(c) Senile Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uraemia from Nephritis.

INTERVAL BETWEEN ONSET AND DEATH

331X

132

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) 1 7 (Year) 50 (Hour) 8:45

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1949, to Jan 7, 1950, that I last saw the deceased alive on 1-7-, 1950 and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE: Carried Deary (Degree or title) M.D. ADDRESS 203 N. Church St. Salisbury DATE SIGNED 1/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE 1/10/50 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) (State) Salisbury Maryland

DATE REC'D BY LOCAL REG. 1-9-50 REGISTRAR'S SIGNATURE Maryell D. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co ADDRESS Salisbury Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
BUREAU U. S.

M

00905

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharptown — LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela Springs
STREET ADDRESS (If rural give location): Box 149 Route #1.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Elzey (Last) Brown
4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: a. a.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3-10-1872
9. AGE last birthday: 77 yrs. — If under 1 year: Months 10, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher - Farmer - Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY: School Bus
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Benjamin Brown
14. MOTHER'S MAIDEN NAME: Sarah Burris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): 2
16. SOCIAL SECURITY No.: No.
17. INFORMANT AND ADDRESS: Mrs. Elzey Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cerebral apoplexy — 3 days

334 X

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) artere-sclerosis-hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11, 1950, to 1-14, 1950, that I last saw the deceased alive on 1-14, 1950, and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE: Arthur D. Browne - M.D. (Degree or title) — ADDRESS: Salisbury - Md. — DATE SIGNED: 1-17-50

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE: 1-17-50 — NAME OF CEMETERY OR CREMATORY: Zion Church Cemetery — LOCATION (City, town, or county): near Sharptown, (State) Md.

DATE REC'D BY LOCAL REG.: 1-17-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Norma J. Ward — ADDRESS: Marion Sta., Md.

V 3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 19 1950
BUREAU V. S.

Dr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00906

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland
STREET ADDRESS (If rural, give location): Parsonage Ave. & Green St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Earl	Brumbley		Jan.	30	50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 10- 1891	58 yrs.	5	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Siloam Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Brumbley
14. MOTHER'S MAIDEN NAME: Miss. Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Nettie Brumbley (Wife) Fruitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 **Immediate cause** (a) Apoplexy

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9.45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Smith	M.D	Salisbury Md.	2/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb-2-1950	Fruitland Cemetery	Fruitland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-2-50	Mary W. Holloway	Holloway & Company-	Salisbury, Md.

2047

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00907

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; LENGTH OF STAY (In this place): 78 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke; STREET ADDRESS (If rural, give location): R F D. ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Preston	Linwood	Collier		January	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	colored		Nov 6, 1949		1	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Preston Collier	Lola Henman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Preston Collier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition	unknown
7720 Antecedent cause(s)		unknown
158 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) anemia	
	(c) Alkalosis	7 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1950, to Jan. 17, 1950, that I last saw the deceased alive on Jan. 17, 1950, and that death occurred at 8:35 P m., from the causes and on the date stated above.

SIGNATURE: Robert Grove (Degree or title): MD ADDRESS: DATE SIGNED: Jan. 18, 1950

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 20, 1950	Finley's Chapel	Pocomoke	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-18-50	Mary W. Holloway	Henry L. Watson	Pocomoke, Md.

2-0-11-6-9-24-4-40-R

VS. A15

RECEIVED
JAN 21 1950
BUREAU U. S.

00908

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH · COUNTY Wicomico County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mardella — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Mardella
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Sharptown	STREET ADDRESS (If rural, give location) Near Sharptown

3. NAME OF DECEASED (Type or Print)	(First) Clarence	(Middle) Alfred	(Last) Cook.	4. DATE OF DEATH	(Month) Jan. (Day) 21" (Year) 1950
5. SEX Male	6. COLOR OR RACE Colored.	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married	8. DATE OF BIRTH Sept. 13" 1891	9. AGE last birthday 58 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm Work	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME Isaiah Cook.	14. MOTHER'S MAIDEN NAME Louise Waller.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) —	16. SOCIAL SECURITY No. 222-10-6126	17. INFORMANT AND ADDRESS Marjorie E. Cook. Mardella. Md. R.F.D			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1950, to 1-21, 1950 that I last saw the deceased alive on 1-20, 1950, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles M Moyer		Laurel Del	1-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 24" 1950	NAME OF CEMETERY OR CREMATORY San Domingo Cemetery.	LOCATION (City, town, or county) (State) Mardella. Md. R.F.D
DATE REC'D BY LOCAL REG. 1-24-50	REGISTRAR'S SIGNATURE Walter G. Mann	24. FUNERAL DIRECTOR J. J. Frampton & Son.	ADDRESS Federalsburg, Md.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 26 1950
BUREAU V. S.

00909

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards Route #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Medford (Middle) Holland (Last) Cooper
4. DATE OF DEATH (Month) Jan. (Day) 29 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ✓
8. DATE OF BIRTH 7/2/1919
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Cutter
10b. KIND OF BUSINESS OR INDUSTRY Timber
11. BIRTHPLACE (State or foreign country) Willards Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Cooper
14. MOTHER'S MAIDEN NAME Lula Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mr. Gorman Cooper (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Third degree burns of entire body and suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

916.0
181

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Willards (COUNTY) Wicomico (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 29 (Year) 50 (Hour) 1A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Cigarette burned upholstered chair

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. A. Rudenaker (Degree or title) M.D. ADDRESS 502 N. Division St; Salisbury, Md. DATE SIGNED 1/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-30-50
NAME OF CEMETERY OR CREMATORY Pittsville Cemetery
LOCATION (City, town, or county) (State) Pittsville Md.
DATE REC'D BY LOCAL REG. 1-30-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company - Salisbury Md. ADDRESS
Walter R. Holloway 35209

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 2 1950
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland, Md.
LENGTH OF STAY (in this place) Twenty years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Route #1 Fruitland, Md.

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) (Last) CORNISH
4. DATE OF DEATH (Month) 1 (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1891
9. AGE last birthday 59 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod Carrier
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Princess Anne
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Cornish
14. MOTHER'S MAIDEN NAME Sallie Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 214-10-7676
17. INFORMANT AND ADDRESS Frank Cornish Eden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 yr. 11 mo. 28 days
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1948, to Jan. 5, 1950, that I last saw the deceased alive on Jan. 5, 1950, and that death occurred at 2 15 a m., from the causes and on the date stated above.

SIGNATURE G. Purnell (Degree or title) M.D. ADDRESS 800 W Main DATE SIGNED Jan 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-7-50
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE REC'D BY LOCAL REG. 1-6-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR William H. James
ADDRESS Pr. Anne, Md.

98891

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00911

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parsonsburg Maryland; STREET ADDRESS (If rural, give location) R.D.

3. NAME OF DECEASED (Type or Print): (First) Virgil; (Middle) Asbury; (Last) Davis

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June I-1896

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wicomico Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Lewis Davis

14. MOTHER'S MAIDEN NAME: Miss Sarah Givens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): World War # I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Daisy Davis - Parsonsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Carcinoma of Liver — Interval Between Onset and Death: 3 months

156.1 Antecedent cause(s) —

46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 12/31/49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Liver - Ascites

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1949, to Jan 3, 1950, that I last saw the deceased alive on Jan 3, 1950, and that death occurred at 7:27 p.m., from the causes and on the date stated above.

SIGNATURE: Lewis R Mann (Degree or title): M.D. ADDRESS: Salisbury Md DATE SIGNED: 1/6/50

24. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Jan 6-1950 NAME OF CEMETERY OR CREMATORY: Bethel Church Cem. LOCATION (City, town, or county) (State): Walston, Md.

DATE REC'D BY LOCAL REG.: 1-6-50 REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Company ADDRESS: Salisbury, Md.

Walter R. Holloway

VS. A15

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JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06912

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mr. Phillip	Crisfield	Dennis	January 25 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	married	Sept. 7, 1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tax Assessor Wicomico Co. Md.	State	Princess Anne, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel King Dennis	Sallie Crisfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		Mrs. P. C. Dennis Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Artery Occlusion — 1 hr.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Arteriosclerosis — 2-3 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Thrombosis, Spontaneous Pneumothorax — 28 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 26, 1949, to Jan. 25, 1950, that I last saw the deceased alive on Jan 25, 1950, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David Gilmore	M.D.	Salisbury Md.	1/25/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/27/50	Buckingham	Berlin Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-27-50	Mary W. Holloway.	Anna A. Bunting	Berlin Md.

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JAN 30 1950
BUREAU V. S.

Dr. Emrich

00913

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Nicmic — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walnut st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Nicmic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Walnut st.

3. NAME OF DECEASED (Type or Print): (First) Wilmer (Middle) Edward (Last) Downing
4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 50

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: June 4, 1884 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Burdett Virginia | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Downing | 14. MOTHER'S MAIDEN NAME: Mattie Mears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Sallie Downing (Wife) Walnut st. Hebron Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on June 23rd, 1950, and that death occurred at 6.05a m., from the causes and on the date stated above.

SIGNATURE William Emrich (Degree or title) M.D. ADDRESS Hebron Md DATE SIGNED June 24-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Jan. 27-50 | NAME OF CEMETERY OR CREMATORY Hebron Cem. | LOCATION (City, town, or county) Hebron (State) Md.

DATE REC'D BY LOCAL REG. 1-26-50 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Lahutsky ADDRESS Md
Walter B. Holloway

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RECEIVED
JAN 30 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06914

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) Saratoga St.

3. NAME OF DECEASED (Type or Print): (First) EFFIE (Middle) C. (Last) DRYDEN

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Princess Anne, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Seth Venables

14. MOTHER'S MAIDEN NAME: Susan Amanda Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Florence Dryden - Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Congestive Heart Failure

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1949, to 1/3, 1950, that I last saw the deceased alive on 1/2, 1950, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred R. Pearce M.D. Salisbury Md. 1/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jan. 5, 1950

NAME OF CEMETERY OR CREMATORY: Asbury Cemetery

LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 1-4-50

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors

ADDRESS

RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06915

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 414 Record St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 414 Record St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	Virginia	Duncan	1	30	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs: Hours	Min.
Female	White	Widow	Apr. 7 1871	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Parsons	Elizabeth V. Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Everett Duncan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444 **Immediate cause** (a) Coronary Heart Disease — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

92d (b) Hypertension — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct. 19 49, to Jan. 30, 1950, that I last saw the deceased alive on Jan 30, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hiram R. Mann	M.D.	Salisbury Md	1/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/2/50	Parsons Cemetery	Salisbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-2-50	Mary W. Holloway	The Hall & Johnson Co.	

RECEIVED
FEB 6 1950
BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00916

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

VS-A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 Hazel Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 301 Haszel Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Elliott

4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 20- 1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Ret~~ Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Wicomico Co. Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred E. Elliott

14. MOTHER'S MAIDEN NAME: Lennia (no record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Bessie Hitchens -Corner Hazel and Smith St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Valvular Heart Disease — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

450.0 92d

(b) Arteriosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Hypertrophy Prostate, Infection Bladder — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949 to Jan 21 1950, that I last saw the deceased alive on Jan 20 1950, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE: Mrs R Mann — (Degree or title): MD — ADDRESS: Salisbury Md — DATE SIGNED: 1/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 24-50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury - Maryland

DATE REC'D BY LOCAL REG. 1-23-50 — REGISTRAR'S SIGNATURE: Mary D. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Co. - Salisbury, Md.

Walter R. Holloway 3064

RECEIVED
JAN 26 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06917

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PHILLIP	CANNON	ELLIOTT	Jan.	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Sept. 17, 1888	61 yrs.	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	Lumberman	Laurel, Delaware	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Elliott	—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	—	Katherine Elliott — Tyaskin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion.	2 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis.	1 year.
	(c)	

420.1
940a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1/20, 19 50, to 1/27, 19 50, that I last saw the deceased alive on 27 Jan., 19 50, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Roland H. Saunders M.D.	Newtown Md.	1/29/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 31, 1950	Odd Fellows Cemetery	Seaford	Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-30-50	Mary W. Holloway	C. T. Messick	Berlin, Md.

15673

RECEIVED
FEB 1 1950
BUREAU V. S.

Dr. Yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06918

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS "210 E Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 210 E. Church St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Walter (Last) Ellis

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 24- 1897

9. AGE last birthday: 52 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook at Restaurant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Snow Hill Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. John Ellis

14. MOTHER'S MAIDEN NAME: Miss. Annie Bollitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Hester Ellis (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis, Congestive Heart Failure

422.2

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Jan 29 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Yeaman M.D. 238 Camden Ave Salisbury Md. 1/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb. 1- 50 | NAME OF CEMETERY OR CREMATORY: Parsons Cemetery | LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 1-30-50 | REGISTRAR'S SIGNATURE: Maryll. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company Salisbury, Md.

72071

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FEB 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06919

Reg. Dist. No. 335

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela Springs
LENGTH OF STAY (in this place): 86 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Mardela

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela Springs, Md
STREET ADDRESS (If rural, give location): Near Mardela

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Thomas	English	Jan	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W		Jan 19, 1865	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housekeeper	None	Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel J Shannon	Elizabeth Tunnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	Mrs. Willie English

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture surgical Neck Femur.	1 Month
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
904.9 / 186a	(c) Enteritis	5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☑ Not While At wnrk ☐	HOW DID INJURY OCCUR?
Dec	20	1949	m.		Fall accidental

22. I hereby certify that I attended the deceased from Dec 20, 1949, to Jan 18, 1950, that I last saw the deceased alive on Jan 18, 1950, and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. S Kahlman	M D.	Sharptown Md	1/21/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1/22/50	Mardela	Mardela Springs, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-21-50	Walter E Mann	The Hill & Johnson Co.	Sharptown, Md.

RECEIVED
JAN 24 1950
BUREAU V. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00920

FILM No. G 124 FEB 16 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 8 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
STREET ADDRESS (If rural, give location) Truitt Street.

3. NAME OF DECEASED (Type or Print): (First) Carolyn. (Middle) Ann. (Last) Evans.

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 8, 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months 4, Days 21. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Warren P. Evans

14. MOTHER'S MAIDEN NAME: Flora Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Warren P. Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhagic necrosis of the adrenals	about 7 hours
Antecedent cause(s)	(b) Acute meningitis (organism to be determined)	about 20 hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Septicemia (organism to be determined)	about 20 hrs

057.0
6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
ORGANISM: MENINGOCOCCUS (2/16/50 akc)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 28 Jan, 1950, to 29 Jan, 1950, that I last saw the deceased alive on 29 Jan, 1950, and that death occurred at 1:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert W. Kuss, M.D. Salisbury, Md. 30 Jan. 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 1/31/50

NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park

LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: 1-30-50

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill-Johnson Co.

ADDRESS: Salisbury

2-0-9-02-9-30-1-40-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06921

CERTIFICATE OF DEATH

Reg. Dist. No. 337

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke | LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) HICKS (Last) EVANS

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1950

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Nov. 28, 1873 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months 1, Days 30 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Parks | 14. MOTHER'S MAIDEN NAME: Sara V. Barclay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: Mrs. Walter Long, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemmorrhage. — 6 hours.

4424 Antecedent cause(s)

1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Cardio-vascular — 10 Years.

(c) Renal Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to 28 Jan., 1950; that I last saw the deceased alive on 28 Jan., 1950; and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Robert H. Saunders M.D. | Nanticoke. Md. | 1/28/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 29, 1950 | NAME OF CEMETERY OR CREMATORY: Turners Cemetery | LOCATION (City, town, or county): Nanticoke | (State): Md

DATE REC'D BY LOCAL REG. 1-28-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: C. L. Messick | ADDRESS: Bivalve, Md.

RECEIVED
JAN 31 1950
BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

00922

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen Gen . Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Victor (Middle) M. (Last) Evans

4. DATE OF DEATH: (Month) Jan (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 24- 1900

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent- Home Benefical Life

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Athol Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hamilton Evans

14. MOTHER'S MAIDEN NAME: Georgia Ann Horseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ruby Parsons- 109 W. Vine St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
334 Immediate cause	(a) Cerebral Thrombosis	10 days
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	2 yrs.
	(c) Coronary Artery Disease	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency — 2 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1950, to Jan. 18, 1950, that I last saw the deceased alive on Jan. 17, 1950, and that death occurred at 9:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David Gilmore M.D. — ADDRESS: Salisbury Md. — DATE SIGNED: Jan 20, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 20 -50 — NAME OF CEMETERY OR CREMATORY: Mardela Cemetery — LOCATION (City, town, or county) (State): Mardela Maryland

DATE REC'D BY LOCAL REG. 1-20-50 — REGISTRAR'S SIGNATURE: Mary D. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company -Salisbury, Md.

Walter R. Holloway 2460

RECEIVED
JAN 23 1950
BUREAU V. S.

00923

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 532 Priscilla st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS 532. (If rural, give location) Priscilla st.

3. NAME OF DECEASED (Type or Print) (First) Charlotte (Middle) Ellen (Last) Farlow
4. DATE OF DEATH (Month) Jan. (Day) 20 (Year) 50

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 19-1862
9. AGE last birthday 87 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Pittsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Parker
14. MOTHER'S MAIDEN NAME Matilda Buttingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. Bertha Farlow 532 Priscilla st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Valvular Heart Disease — 10 yrs

421.4

Antecedent cause(s)

92d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia — 8 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1939, to Jan 20, 1950, that I last saw the deceased alive on Jan 19, 1950, and that death occurred at 11:50 a m., from the causes and on the date stated above.

SIGNATURE Kline R Mann (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 1/21/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE Jan. 23-50 NAME OF CEMETERY OR CREMATORY Charity Cem. LOCATION (City, town, or county) Near Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 1-21-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

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JAN 24 1950
BUREAU V. S.

Dr. Robbins

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00924

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ~~Wicomico~~ Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishops
STREET ADDRESS (If rural, give location): R.D. # 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isaac	T	Figgs	Jan	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Aug 17 1891	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Melsons Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Joseph Figgs
14. MOTHER'S MAIDEN NAME: Miss. Rosa B. Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
16. SOCIAL SECURITY NO. (If year, give war or dates of service): World War #I
17. INFORMANT AND ADDRESS: Mrs. Florance Hanann (Allen Lane Rock Hall - Maryland)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 1, 1949 to Dec. 15, 1949 that I last saw the deceased alive on 12 Dec., 1949 and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Smith	M.D.	502 N. Division St.	1-12-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	I-14-50	Parsons Cemetery	Salisbury Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-12-50	Mary W. Holloway	Holloway & Company	Salisbury Md.

Walter R. Holloway

VS-A15

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06925

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Route #2
LENGTH OF STAY (in this place): about 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Eli (Middle) (Last) Gilreath

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: about 1874

9. AGE last birthday: about 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: own business

11. BIRTHPLACE (State or foreign country): Wilksboro, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andy Gilreath

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Henry Gilreath, Salisbury, Md. Route #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Head of Pancreas — Interval Between Onset and Death: 2 1/2 years

157K Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) not known

(c) not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Jan 5, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Lembly MD — ADDRESS: 500 E. Church St. Salisbury Md. — DATE SIGNED: Jan. 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-8-'50 — NAME OF CEMETERY OR CREMATORY: Green Acres — LOCATION (City, town, or county): West Rd. Salisbury (State): Md.

DATE REC'D BY LOCAL REG.: 1-6-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Norma J. Ward — ADDRESS: Marion Sta., Md. 302-83

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JAN 9 1950
BUREAU V. S.

Dr. Radamaker

00926

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. (J. I. Wills Plant)	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Carl	(Last) Goslee	4. DATE OF DEATH	(Month) Jan	(Day) 12	(Year) 1950
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 28-1896	9. AGE last birthday 53 yrs.	If under 1 year Months 5	Days 14	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker at Lumber Mill	10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (State or foreign country) R.D. Salisbury Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Thomas Goslee	14. MOTHER'S MAIDEN NAME Miss. Elizabeth Weatherley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Katie Mae Goslee (Wife)					

18. MEDICAL CERTIFICATION Mardela Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic cardiovascular disease	2 yrs
	(c)	

420.1

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None	(CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. A. Radamaker MD (Degree or title) ADDRESS 502 N. Division St; Salisbury, Md. DATE SIGNED 1/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 15-50	NAME OF CEMETERY OR CREMATORY Mardela Cemetery	LOCATION (City, town, or county) Mardela Maryland (State)
DATE REC'D BY LOCAL REG. 1-13-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Company Salisbury Md.	ADDRESS

Walter R. Holloway 496.60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

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RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00927

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
LENGTH OF STAY (in this place): 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Richard	Hall	Jan.	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	white	Widower	March 4, 1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Pittsville, Md.	USA

13. FATHER'S NAME: William Hall

14. MOTHER'S MAIDEN NAME: Lena Francis Bowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): ✓

16. SOCIAL SECURITY No.: ✓

17. INFORMANT AND ADDRESS: Edward Truitt, Pittsville, Md. RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Aspiration pneumonia	3 days
Antecedent cause(s)	(b) Cerebral hemorrhage	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, cerebral,	

331 K
83 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug, 19 46, to Jan 20, 19 50, that I last saw the deceased alive on Jan 19, 19 50, and that death occurred at 4:20 A.M. p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. V. Sobler	M.D.	Delmar, Md. (P.O. Del.)	1-21-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/22/50	Line Church	Pittsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-24-50	Mary W. Holloway	M. Parks Watson	Selbyville, Del.

RECEIVED
JAN 26 1950
BUREAU V. S.

00928

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 532

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) Since 12/10/48	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg (RFD-Melson)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Beulah	(Middle) Turner	(Last) Hearn	4. DATE OF DEATH	(Month) Jan.	(Day) 10	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 28, 1886	9. AGE last birthday 63 yrs.	If under 1 year Months 4	Days 12	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pittsville, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Ebenezer Dennis	14. MOTHER'S MAIDEN NAME Nancy Farlow						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Patient on admission to Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 13 mo.

002 X

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10 1948, to Jan 10, 1950, that I last saw the deceased alive on Jan. 10, 1950, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. H. Hindle	M.D.	Salisbury, Maryland	1-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 13/50	NAME OF CEMETERY OR CREMATORY Grace Methodist	LOCATION (City, town, or county) Pittsville	(State) Md
DATE REC'D BY LOCAL REG. 1-12-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Clay Emmons Snow Hill	ADDRESS Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 16 1950
BUREAU V. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00929

CERTIFICATE OF DEATH

FILM No. G 124 MAR 14 1950

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp. Tel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Marie (Last) Holbrook

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 17, 1920

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory

10b. KIND OF BUSINESS OR INDUSTRY: Canning factory

11. BIRTHPLACE (State or foreign country): Mt Vernon

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jessie Holbrook

14. MOTHER'S MAIDEN NAME: Maggie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-01-7739

17. INFORMANT AND ADDRESS: Rennie Holbrook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Oedema — Interval between onset and death: 7 hours

431 Antecedent cause(s)

93b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Myocarditis (3-14-50-- ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13th, 1950, to Jan 13, 1950, that I last saw the deceased alive on Jan 13th, 1950, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Cedar G. Parksman — ADDRESS: Princess Anne, Md — DATE SIGNED: 1-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/16/50 — NAME OF CEMETERY OR CREMATORY: Polk Road Cemetery — LOCATION (City, town, or county) (State): Mt Vernon Md.

DATE REC'D BY LOCAL REG.: 1-14-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Dale Dashiell, Princess Anne, Md

VS. A15

RECEIVED
JAN 17 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00930

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 382

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hebron

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Hebron

3. NAME OF DECEASED (Type or Print): (First) WALLACE (Middle) LINWOOD (Last) Holliday
4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1959
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct 24 1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joshua Holliday
14. MOTHER'S MAIDEN NAME: MARY LAYFIELD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: MRS. WALLACE L. Holliday

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes Mellitus

260X

Antecedent cause(s)

61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1957, to Jan. 20th, 1959, that I last saw the deceased alive on Jan. 20th, 1959, and that death occurred at 10:18 P. m., from the causes and on the date stated above.

SIGNATURE: William Emerick — (Degree or title) M.D — ADDRESS: Hebron - Md. — DATE SIGNED: Jan. 21-59

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 1/22/59 — NAME OF CEMETERY OR CREMATORY: HEBRON CEMETERY — LOCATION (City, town or county): HEBRON — (State): MARYLAND

DATE REC'D BY LOCAL REG.: 1-27-59 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: The Hill & Johnson Co — ADDRESS: Salisbury Maryland

15644

VS. A15

RECEIVED
JAN 24 1950
BUREAU V. S.

Dr. Lewis
Evidence for change of birth date shown on:
FILM No. G 12 FEB 3 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00931

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parsonsburg
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. # I

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parsonsburg - Maryland
STREET ADDRESS (If rural, give location): R. D. # I

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) James (Last) Holloway

4. DATE OF DEATH: (Month) Jan. (Day) I9- (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 27- 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): R.D.# I Parsonsburg, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Handy Holloway

14. MOTHER'S MAIDEN NAME: Miss. Mary Elizabeth Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Marian Kelley (daugter) 502 Pricilla St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — Interval between onset and death: 5 yrs

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19....., to day of death....., that I last saw the deceased alive on 1-18-50, 19....., and that death occurred at 3:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank R. Lewis M.D. ADDRESS: Willards Maryland DATE SIGNED: 1-21-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Jan 22- 50
NAME OF CEMETERY OR CREMATORY: Forest Grove Cem.
LOCATION (City, town, or county) (State): Near Parsonsburg, Md

DATE REC'D BY LOCAL REG.: 1-21-50
REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury Md.

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RECEIVED
JAN 26 1950
BUREAU V. S.

Evidence for addition of 22 shown on:

FILM No. G 12 MAR 21 1950

00932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 4 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 Charles St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Anderson Rd. Route #3

3. NAME OF DECEASED (Type or Print) (First) Edmund (Middle) (Last) Humphreys
4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 2, 1879
9. AGE last birthday 70 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Alpheus Humphries
14. MOTHER'S MAIDEN NAME Augusta Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. No.
17. INFORMANT AND ADDRESS E. Brady Humphreys.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
903.0 Immediate cause	(a) Valvular Heart Disease	5 yrs
Antecedent cause(s)	(b) Fractures left femur	2 months
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy Prostate with Infection Bladder — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Salisbury, Md. (COUNTY) (STATE)
TIME OF INJURY (Month) 12 (Day) 11 (Year) 49 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall, tripped over coal scuttle in kitchen.

22. I hereby certify that I attended the deceased from Oct, 1949, to Jun 23, 1950 (3-20-50 -- ams), that I last saw the deceased alive on Jun 22, 1950 and that death occurred at 3:50 PM m., from the causes and on the date stated above.

SIGNATURE Kevin R Mann (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 1/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/25/50
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Maryland.

DATE REC'D BY LOCAL REG. 1-23-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 26 1950
BUREAU V. R.

00933

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 331

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 401 Linwood Avenue

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) Robert (Last) Hurley

4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/7-1892

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Man - E.S.F.S.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Somerset County - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thropolius Hurley

14. MOTHER'S MAIDEN NAME: Sarah Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mystel Hurley (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. A. Rademaker M.D. (Degree or title) — ADDRESS: 502 N. Division St; Salisbury, Md. — DATE SIGNED: 1/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 25-50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG. 1-23-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury, Md.

Walter R. Holloway

33698

VS. A15A

RECEIVED
JAN 26 1950
BUREAU V. R.

00934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.
STREET ADDRESS (If rural, give location) Spring Hill Road

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) E. Gordy (Last) Jefferson
4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 7/17/1891
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Gordy
14. MOTHER'S MAIDEN NAME Alberta Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mr. Calvin Jefferson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Disease	Weeks
725 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anaemia	2 yrs
95C	(c) Multiple Arthritis	8 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to Jan 28, 1950, that I last saw the deceased alive on Jan 27, 1950, and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE Henry R Mann (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 1/30/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 2/3/50
NAME OF CEMETERY OR CREMATORY Hebron Cemetery
LOCATION (City, town, or county) (State) Hebron Md.

DATE REC'D BY LOCAL REG. 1-31-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR G. B. Willoughby ADDRESS East New Market, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1950
BUREAU V. S.

Dr. Yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00935

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital
MARYLAND
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D. # 1

3. NAME OF DECEASED (Type or Print) (First) [redacted] (Middle) Lee (Last) Johnson

4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 21-1881

9. AGE last birthday 68 yrs. If under 1 year: Months 8, Days 12, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Worcester Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. John Henry Johnson

14. MOTHER'S MAIDEN NAME Miss. Mary Ruark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. Lewis Johnson (Fruitland, Md.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis, Congestive Heart Failure. — ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 61

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia (Bilateral), Diabetes Mellitus ?

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1949, to Jan 3, 1950, that I last saw the deceased alive on Jan 3, 1950, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE John H. Yeaman (Degree or title) M.D. ADDRESS 238 Camden Ave. Salisbury, Md. DATE SIGNED 1/3/50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Jan. 6-1950 | NAME OF CEMETERY OR CREMATORY Olivet Cemetery | LOCATION (City, town, or county) near Fruitland, (State) Maryland

DATE REC'D BY LOCAL REG. 1-5-50 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Md. ADDRESS

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RECEIVED
JAN 9 1950
BUREAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH 00936

2411 N. Charles Street, Baltimore

Medical Examiner's

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) (Last) Maddox
4. DATE OF DEATH (Month) January (Day) 5 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 30, 1893
9. AGE last birthday 56 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairmount, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Thomas Parks
14. MOTHER'S MAIDEN NAME Emily Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr Harrison Maddox, (husband)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Embolism of Pulmonary Artery	± 1 minute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of neck of Right Femur	2 days
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	years

9044 260 1860

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Fairmount (COUNTY) Somerset (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 4, 1950 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY Ooccur? Fall

22. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Jan 5, 19 50, to ....., 19....., that I last saw the deceased ~~alive on~~ Jan 5, 1950, and that death occurred at 10:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Kendrick McCullough M.D. acting for Henry Lankford M.D. Deputy Medical Examiner, Somerset Co. Jan 5, 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-8-50
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion, Maryland
DATE REC'D BY LOCAL REG. 1-5-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors Crisfield, Md.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. R.

Dr . Yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00937

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. # 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): R.D.#3

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) May (Last) Mathews

4. DATE OF DEATH: (Month) Jan (Day) I6 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 8-I895

9. AGE last birthday: 54 yrs. If under 1 year: Months 2 Days 8 Hours Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Wicomico Co. Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Virgil Parsons

14. MOTHER'S MAIDEN NAME: Ida Ellen Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. James Edward Mathews (Husband) R. D. # 3 Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

231X **Immediate cause** (a) Cerebral Hemorrhage — Interval between onset and death: ?

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis. — ?
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1945, to Jan 16, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 12 :37A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John H. Yeaman M.D. — ADDRESS: 238 Camden Ave. Salisbury Md — DATE SIGNED: 1/16/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan I8 -50
NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park
LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: 1-18-50
REGISTRAR'S SIGNATURE: Mary W Holloway

24. FUNERAL DIRECTOR: Holloway & Company - SAlisbury , Md.
ADDRESS:
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00938

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Lee (Last) McGregor.

4. DATE OF DEATH: (Month) January (Day) 31 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Oct. 2, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months 3 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Berlin, Md R F D

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James McGregor

14. MOTHER'S MAIDEN NAME: Amelia Holloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Anna Murphy, Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 3 days

Antecedent cause(s) 332 / 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis — 5 yrs.

(c) Arteriosclerotic Heart Disease — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1950, to Jan. 31, 1950, that I last saw the deceased alive on Jan. 30, 1950, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE Astrid Eriksen (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Jan. 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Feb. 3, 1950 — NAME OF CEMETERY OR CREMATORY Buckingham — LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 2-1-50 — REGISTRAR'S SIGNATURE Mary D. Holloway

24. FUNERAL DIRECTOR Owen D. Bunbage — ADDRESS Berlin Md

RECEIVED
FEB 3 1950
BUREAU V. S.

00939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Route #2.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward. (Middle) (Last) Milbourne

4. DATE OF DEATH (Month) January (Day) 5 (Year) 1950

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 4, 1896
9. AGE last birthday 53 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Berris Milbourne
14. MOTHER'S MAIDEN NAME Violet Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Geneva Milbourne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — [illegible]

154 Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Cancer of Rectum — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/29/49
19b. MAJOR FINDINGS OF OPERATION Ca of Rectum
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22, 1949 to 1-4, 1950, that I last saw the deceased alive on 1-4, 1950, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE R. M. Nich (Degree or title) ADDRESS Salisbury DATE SIGNED 1/5/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1-8-50 NAME OF CEMETERY OR CREMATORY Georgetown Cemetery LOCATION (City, town, or county) Pocomoke City, Md. (State)

DATE REC'D BY LOCAL REG. 1-5-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker M. West ADDRESS Salisbury, Md.

30809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00940

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pantuckoe | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pantuckoe, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) CONWAY (Last) NUTTER

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: Dec. 15, 1880 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months — Days 19 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country): Pantuckoe, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Barley Conway | 14. MOTHER'S MAIDEN NAME: Annie Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS: Paul Nutter, Pantuckoe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1 hour

Antecedent cause(s)

4427

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131a

(b) Hypertensive Arteriosclerotic Cardio-Vascular Renal Disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Nov, 1949, to 4 Jan, 1950, that I last saw the deceased alive on 4 Jan, 1950, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Richard H Saunders M.D. | Pantuckoe Md | 1/6/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1/8/50 | NAME OF CEMETERY OR CREMATORY Pantuckoe Cemetery | LOCATION (City, town, or county) (State) Westerville, Maryland

DATE REC'D BY LOCAL REG. 1-6-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR C. T. Messick | ADDRESS Bivalve, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00941

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Route 2; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mr John. (Middle) (Last) Parsons.

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 20-1890

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pittsville Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Robert Parsons

14. MOTHER'S MAIDEN NAME: Delilah Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Walter L Parsons (Son) R.D #2 Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 6 mon

434.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1950, to 1-28, 1950, that I last saw the deceased alive on 1-28, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lee L. Lawry M.D Fruitland, Md 1-30-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-31-50 — NAME OF CEMETERY OR CREMATORY: Charity Cemetery — LOCATION (City, town, or county) (State): Near Salisbury Md.

DATE REC'D BY LOCAL REG.: 1-30-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Co. — ADDRESS: Salisbury Md.

9869

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7227

RECEIVED
FEB 1 1950
BUREAU V. S.

Dr. Gramse

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06942

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R .D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): R.D. # 2

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Roy (Last) Perdue

4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 14-1892

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sussex Co. Delaware

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Beauchamp Perdue

14. MOTHER'S MAIDEN NAME: Lucy B. Purcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Bulah Perdue (WIFE) R.D. # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Stomach	3 mo
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

151.2
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Oct., 1949, to Jan. 21, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred L. Gramse	M.D.	Salisbury Md.	1/29/50

24. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 24-50	Siloam Cemetery	Siloam - Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-23-50	Maryd W. Holloway	Holloway & Company - Salisbury, Md.	

Walter R. Holloway

VS-A15

00000

RECEIVED
JAN 26 1950
BUREAU V. S

06943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lemuel (Samuel) (Middle) (Last) Purnell

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 16, 1894

9. AGE last birthday: 55-6-28 Yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor & Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Girdletree, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel H. Purnell

14. MOTHER'S MAIDEN NAME: Maria Sturgis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Anna M. Purnell - Girdletree, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mr Lemuel H. Purnell

Antecedent cause(s) (b) Uraemic Poisoning

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Nephritis

593 K
132

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Heart

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12th, 1950, to Jan. 14, 1950, that I last saw the deceased alive on January 14, 1950 and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE Carrie L. Hearn — (Degree or title) M.D. — ADDRESS 203 W. Church St. Salisbury — DATE SIGNED 1-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE Jan. 18/50 | NAME OF CEMETERY OR CREMATORY Coolspring | LOCATION (City, town, or county) Girdletree, (State) Md.

DATE REC'D BY LOCAL REG. 1-17-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, Md. | ADDRESS

7483

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00944

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #3 Delmar, Md.; LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delmar Maryland; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Doris	Evine	Reid	1	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fenal	Colored	single	10-20-46	3 yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baby	—	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Reid	Wella Cuff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
✓	✓	Arthur Reid

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 **Immediate cause** (a) Fractured Skull & Brain Laceration — suddenly death

170C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN)	(COUNTY)	(STATE)
		near Delmar	Wicomico	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
1	25	50	430 p.m.			struck by car while playing in lane

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.A. Rodemaker	M.D.	502 No. Division St. Salisbury Md.	1/25/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1-29-50	Glass Hill Cemetery	Parsonsburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-28-50	Mary W. Holloway	Norma J. Ward	Marion Sta., Md.

VS. A15A

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00945

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury. — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Delaware — COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): 6 Poplar Street

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) B (Last) SIRMON

4. DATE OF DEATH: (Month) January (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1/23-1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isaac Sirmon

14. MOTHER'S MAIDEN NAME: Adelaide Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Bernard Sirmon Laurel Dela.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 1 Diabetes Mellitus

Antecedent cause(s) (b) 2 Arteriosclerotic Cardio Vascular Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 3 Cerebral Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4 Hypertrophy of Prostate Gland.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1947, to 1-27, 1950, that I last saw the deceased alive on 1-27, 1950, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles M Moyer — ADDRESS: Laurel Del — DATE SIGNED: 1-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-30-50 — NAME OF CEMETERY OR CREMATORY: Laurel Memorial Cemetery — LOCATION (City, town, or county) (State): Laurel, Delaware

DATE REC'D BY LOCAL REG.: 1-30-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway.

24. FUNERAL DIRECTOR — ADDRESS: Seamans & Windsor Laurel Dela

RECEIVED
FEB 2 1950
BUREAU V. S.

Dr. Grames

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06946

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Salisbury Milling Co. (Mill St)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 102 West Chestnut St,

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Walter (Last) Speck

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 9- 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill at Flower Mill

10b. KIND OF BUSINESS OR INDUSTRY: Miller

11. BIRTHPLACE (State or foreign country): Middletown Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel M Speck

14. MOTHER'S MAIDEN NAME: Miss. Effie Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-10-7496

17. INFORMANT AND ADDRESS: Mr. Carroll L. Speck (Son) 9 D. South Way, Greenbelt Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

420.0 Antecedent cause(s)

930 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to Jan 10, 1950, that I last saw the deceased alive on Jan 10, 1950, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lloyd R. Grames M.D. Salisbury, Md. 1/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: JanI9- 1950 | NAME OF CEMETERY OR CREMATORY: Parsons Cemetery | LOCATION (City, town, or county) (State): SAlisbury Md.

DATE REC'D BY LOCAL REG.: 1-19-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Company Salisbury ADDRESS: Md.

3841X4

RECEIVED
JAN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00947

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Spring Hill Road

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) FRANKLIN (Last) TAYLOR

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 7, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months 2, Days 7, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Rockawalkin, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Andrew Taylor

14. MOTHER'S MAIDEN NAME: Ella Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 214-10-8593

17. INFORMANT AND ADDRESS: Mrs. Benjamin Taylor, Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nitric Sclerosis + Chronic Nephritis — 4 yrs
(c)

331.2
131.8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Jan 14, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE: J. H. Lynch (Degree or title) — ADDRESS: Delmar — DATE SIGNED: Jan 1-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 17-1950 — NAME OF CEMETERY OR CREMATORY: Donahoe Cemetery — LOCATION (City, town, or county): Westpoint — (State): Md.

DATE REC'D BY LOCAL REG.: 1-16-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: C. T. Messick — ADDRESS: Bivalve, Md.

0000

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 18 1950
BUREAU V. S.

Dr. [redacted] Yeaman

00948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Road	STREET ADDRESS (If rural, give location) Spring Hill Road

3. NAME OF DECEASED (Type or Print)	(First) Lafayette	(Middle) Francis	(Last) Taylor	4. DATE OF DEATH	(Month) Jan	(Day) 6-	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July II-1877	9. AGE last birthday 72 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Wicomico Co. Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr. Andrew Taylor		14. MOTHER'S MAIDEN NAME Miss Ella F. ~~Taylor~~ Truitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) None	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Edith W. Taylor (Wife) same	

18. MEDICAL CERTIFICATION

Spring Hill Road Salisbury Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion (?)

Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Chronic Valvular Heart Disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1947, to Jan 6, 1950, that I last saw the deceased alive on Jan 6, 1950, and that death occurred at 8:45A. m., from the causes and on the date stated above.

SIGNATURE John H. Yeaman (Degree or title) M.D. ADDRESS 238 Camden Ave Salisbury Md DATE SIGNED 1/9/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 9-50	NAME OF CEMETERY OR CREMATORY Parsons cemetery	LOCATION (City, town, or county) Salisbury Maryland (State)
DATE REC'D BY LOCAL REG. 1-9-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Companyland- Salosbury, Md.	ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
BUREAU T. S.

L.B. 4.

00949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. Denfield (Middle) (Last) Truitt

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 15, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Whaleyville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Truitt

14. MOTHER'S MAIDEN NAME: Clorie Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mr Marion Truitt Whaleyville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction of cecum due obliterating mesenteric vessel

450.0

Antecedent cause(s)

122b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1950, to 1-28, 1950, that I last saw the deceased alive on 1-27, 1950, and that death occurred at 10:52 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Fisher Jr ADDRESS Salisbury Md. DATE SIGNED 1-28-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 1/31/50 NAME OF CEMETERY OR CREMATORY Riley Cemetery LOCATION (City, town, or county) Whaleyville (State) Md.

DATE REC'D BY LOCAL REG. 1-31-50 REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR: McPaske Watson ADDRESS Selbyville, Del.

000 M

RECEIVED
FEB 2 1950
BUREAU V. S.

00950

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 124 JAN 20 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Truitt Street	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 607 Truitt Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Carrie		Wadsley		1	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Divorced	7/11/1893	56 ~~57~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Wilmington, Del.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Newton	Catherine Kaiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		James T. Wadsley (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	Sudden
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS J.A. Rademaker DATE SIGNED

502 N. Division; Salisbury, Md. 1-12-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 16-50	River View Cem.	Wilmington Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-12-50	Mary W. Holloway	Holloway & Co. Walter K. Holloway	

VS. A15A

RECEIVED
JAN. 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00951

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Missouga Va.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Samuel (Last) Walker

4. DATE OF DEATH (Month) January (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Dec 24 1901
9. AGE last birthday 48 yrs. If under 1 year: Months 1 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hopeton Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel C. Walker
14. MOTHER'S MAIDEN NAME Ina Ray Barnes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary Matthews Hopeton Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1950, to 1-16, 1950, that I last saw the deceased alive on 1-16, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE Philip A. Tuolay (Degree or title) MD ADDRESS DATE SIGNED 1-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/19/50
NAME OF CEMETERY OR CREMATORY Matthews Burying Ground
LOCATION (City, town, or county) Hopeton Va. (State)

DATE REC'D BY LOCAL REG. 1-19-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Robert Shriesa ADDRESS

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1950
BUREAU V. S.

M

00952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) ANNIE	(Middle) J	(Last) WALLACE	4. DATE OF DEATH	(Month) Jan. (Day) 28 (Year) 1950
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Jan. 6, 1883	9. AGE last birthday 67 yrs.	If under 1 year Months — Days 22; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Nanticoke, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Smith		14. MOTHER'S MAIDEN NAME Sarah Dashiell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Robert Wallace, Nanticoke, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442x Immediate cause	(a) Cerebral Hemorrhage	2 days.
Antecedent cause(s)	(b) Hypertensive Arteriosclerosis Cerebrovascular,	
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Renal Disease	10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 14 Nov, 1949, to 28 Jan, 1950, that I last saw the deceased alive on 28 Jan, 1950 and that death occurred at 8 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard H. Saunders	M.D.	Nanticoke Md.	1/29/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 1, 1950	NAME OF CEMETERY OR CREMATORY Nanticoke Cemetery	LOCATION (City, town, or county) Gesterville	(State) Md.
DATE REC'D BY LOCAL REG. 1-30-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR C. T. Messick	ADDRESS Bivalve, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00953

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A1b

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Wright

4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 12-6-1914

9. AGE last birthday: 35 yrs. — If under 1 year: Months. 1 — Days. — If under 24 hrs.: Hours. — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Phillip N. Johnson

14. MOTHER'S MAIDEN NAME: Anna Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Phillip Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 12 days

Antecedent cause(s) (b) Malignant Hypertension — Symptoms 1 yr.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

445 X
132

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 3 mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1949, to Jan 7, 1950, that I last saw the deceased alive on Jan 7, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David Gilmore M.D. Salisbury Md. Jan 7, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1-10-50 | NAME OF CEMETERY OR CREMATORY: Wetipquin Cemetary | LOCATION (City, town, or county) (State): Wetipquin, Wicomico Co. Md.

DATE REC'D BY LOCAL REG.: 1-9-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: Norma J. Ford | ADDRESS: Mardela Sta., Md.

RECEIVED
JAN 11 1950
BUREAU V. S.